



CERTIFICATE OF APPOINTMENT TO A COUNTY BOARD OF HEALTH

State Form 52577 (R / 2-09)
INDIANA STATE DEPARTMENT OF HEALTH

INSTRUCTIONS: Return to: Primary Care Office
Indiana State Department of Health
2 N. Meridian Street – 2J
Indianapolis, IN 46204

THIS IS TO CERTIFY THAT the Board of Commissioners of _____ County, Indiana, has
(county name)

this the _____ day of _____, _____, appointed _____ to serve as a
(day) (month) (year) (name)

member of the _____ Board of Health beginning _____, _____, and ending
(county name) (month/day) (year)

_____, _____
(month/day) (year)

☐ This is a reappointment ☐ This is a new appointee – Replacing _____
(name of former board member)

☐ This appointee is filling the unexpired term for _____
(name)

beginning _____, _____ and ending _____, _____
(month/day) (year) (month/day) (year)

BACKGROUND INFORMATION ON THE APPOINTEE

Home Address: _____

Business Address: _____

Home Telephone: (_____) _____ Business Telephone: (_____) _____

Fax: (_____) _____ E-mail: _____

Qualifications, in accordance with IC 16-20-2-5, members must represent one of the following areas. **Check only one:**

- | | |
|--|--|
| <input type="checkbox"/> Licensed Physician (licensed under 25-22.5-1-1.1) | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Registered Nurse (licensed under IC 25-23) | <input type="checkbox"/> Dentist (licensed under IC 25-14) |
| <input type="checkbox"/> Attorney with expertise in health matters | <input type="checkbox"/> Environmental Scientist |
| <input type="checkbox"/> Registered Pharmacist (licensed under IC 25-26) | <input type="checkbox"/> Hospital Administrator |
| <input type="checkbox"/> Veterinarian (licensed under IC 15-5-1.1) | <input type="checkbox"/> School Superintendent |
| <input type="checkbox"/> Professional Engineer (registered under IC 25-31) | <input type="checkbox"/> General Public |

Political Affiliation IC 16-20-2-4 requires that no more than four of the seven board members be from the same political party. **Check only one:**

☐ Democrat ☐ Republican ☐ Other _____

(Appointing Authority or County Executive)

(Date)